

SNAP SHOT

OF SERVICES WE PROVIDE

AT NO COST TO OHP "OPEN CARD" CLIENTS

Nurse Advice Line

Clients can speak by telephone with a Registered Nurse by calling 1-800-562-4620. They can ask for information about their health, health of family members, options for self-care, or whether they should seek a physician, urgent care, emergency room or other services. Nurse Advice Line is available anytime everyday (24/7/365) to all Open Card (Fee-for-Service) OHP clients.

Care Coordination (CC)

Information and referrals are provided to clients by APS Healthcare staff, using an extensive database they maintain. This includes physicians, specialists, dentists, home health, social services, transportation, and other resources. Clients are helped to work their way through complexities of healthcare as it intersects with the Oregon Health Plan.

Disease Management (DM)

Clients are assisted by a RN Health Coach by telephone on an ongoing basis. They provide information and assist clients improve decisions, actions, and advocacy about health issues and their experience with the healthcare system.

Intensive Case Management (ICM)

Community-based RN Health coaches manage high-risk clients one-on-one. Services include post-discharge care coordination, intervention, resource assistance, or identifying future risks by assessments and in-home visits.

Questions about the OHPCC program?

Contact us using this information:

Oregon Health Plan Care Coordination
P.O. Box 2960
Tualatin, Oregon 97062
Phone: 1-800-562-4620
Fax: 866-350-1311
www.OHPCC.com

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OHPCC is managed by:



OREGON HEALTH PLAN CARE COORDINATION PROGRAM



MANAGED BY

 **APS Healthcare**

IN COOPERATION WITH

 **Oregon
Health**
Authority

 **DHS**
Oregon Department
of Human Services

Oregon Health Plan Care Coordination

This program is managed for Oregon Health Authority by APS Healthcare.

OHPCC provides essential information, healthcare and support services to people covered by Oregon Health Plan, which is Oregon's Medicaid program.

Specifically, OHPCC is available for all OHP clients who are not in a Coordinated Care Organization (CCO).

Our clients obtain services through the OHP "Open Card" system in which healthcare providers are paid on the basis of Fee-for-Service (FFS). Many OHP-FFS clients also receive services paid by Medicare (Dual-Eligible).



How OHPCC Helps Providers:

- Extend providers to help clients
 - Find medical homes
 - Support discharge planning
 - Assist transportation for appointments
 - Develop medication compliance plans
 - Aid with evidence-based action plans
 - Facilitate self-management
- Provide information and referrals
- Create stronger continuum-of-care
- Decrease admissions/readmissions
- Reduce unnecessary ER use
- Improve HEDIS scores

APS Healthcare and OHPCC

- APS Healthcare has effectively worked under contract with OHA since 2009
- Telephonic and management staff members are in Tualatin, with field-based staff state-wide
- We serve about 125,000 clients, which is 10% of people served by OHP
- High-tech supports our high-touch services, with state-of-the-art disease management support by Percolator risk-stratification software and Care-Connection client management systems
- We saved the State over \$62 million during the first five years of the Program for ROI over 3.1:1
- Successful 2012 implementation of Duals Program added 28,000 clients
- Effectively managed doubling of FFS clients during 2014 Medicaid expansion
- Significantly improved reporting (Daily Ops. Scorecards, Quarterly, Annual and other reports)
- Ongoing strong relationship with OHA and other organizations state-wide
- Excellent customer satisfaction scores (over 90% would recommend us)
- Our clients' success stories are exciting and inspiring!
- APS Healthcare was selected in 2015 by OHA for a new contract to continue managing OHPCC



Disease Management (DM) and Intensive Case Management (ICM)

We target medium- and high-risk clients using DM or ICM to improve care and reduce risk for high-cost medical claims. Our RN Health Coaches help clients in many ways:

- Ensure appropriate, timely, cost-effective services
- Transition to lower care levels
- Enhance safety, quality-of-life, and productivity
- Improve health
- Eliminate gaps in care
- Use evidence-based treatment plans
- Manage services based on client readiness, response to treatment, and care plan goals

DM or ICM is needed when clients have complex needs such as:

- Acute health care needs
- Diagnoses
- Medical issues and comorbidities
- Hospital discharge requirements
- Social issues

We advocate for each client to ensure access to appropriate and cost-effective care. Our RN Health Coaches help clients understand and appropriately use prescribed medications and keep appointments with providers. Better self-management reduces medical costs and improves overall quality-of-life.

Onsite Assessments are done when appropriate. This may be when a client has a very complex condition or the living situation also needs to be assessed.